



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

## CANDIDATE COMMITTEE COVER PAGE

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06 JAN 31 PM 1:56

CARROLLA SABAUGH  
MACOMB COUNTY CLERK  
MACOMB COUNTY, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10 18 04 to 11 22 04  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137479

2. Committee Name

CTE Derrin York

4. Candidate Last Name

York

First Name

Derrin

M.I.

S

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence

Macomb

5. Committee's Mailing Address

38964 Northpointe Pkwy.  
Harrison Twp, MI 48045

Area Code and Phone 586-465-6004

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Maryjean York

38964 Northpointe Pkwy. Harrison Twp, MI

Area Code & Phone (586) 465-6004

7. Treasurer's Business Address

38964 N. Pointe Pkwy.  
Harrison Twp, MI

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

### 9. TYPE OF STATEMENT

9a. ☐ Pre-Election

OR

9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus

11 2 04  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record keeper

Maryjean H. York  
Type or Print Name

Maryjean H. York  
Signature

Date

1 31 06  
Mo Day Year

Candidate

Derrin York  
Type or Print Name

Derrin York  
Signature

Date

1 31 06  
Mo Day Year



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 137479  
2. Committee Name CPE Dornn York

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>200<sup>00</sup></u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ <u>1880<sup>00</sup></u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ <u>3906<sup>76</sup></u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>200<sup>00</sup></u>	(20.) \$ <u>5786<sup>76</sup></u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>200<sup>00</sup></u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>200<sup>00</sup></u>	(23.) \$ <u>4166<sup>76</sup></u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)</b>		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ <u>0</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>4106<sup>76</sup></u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1620<sup>52</sup></u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>200<sup>00</sup></u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>1820<sup>52</sup></u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>200<sup>00</sup></u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>1620<sup>52</sup></u>	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137479

2. Committee Name

CTE Darrin York

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report <u>all</u> contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10-19-05</u></p> <p>Name: <u>Darrin York</u></p> <p>Address: <u>38964 Northpointe Pkwy.</u> <u>Harrison Twp, MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation <u>Candidate</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>200<sup>00</sup></p>	<p>4106.26</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		
<p>Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)</p>	<p>200<sup>00</sup></p>	

Enter this total on  
line 3 of Summary  
Page.